

TRANSMITTAL FORM 	Application No.:	10/017,304	
	Filing Date:	12/11/2001	
	First Named Inventor:	Yao Wang	
	Confirmation No.:		
	Group Art Unit	2143	
	Examiner:	England, David E.	
Customer No.		24227	
Total Number of Pages in this Submission:	16	Docket No.	EMC-01-201

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Authorization for the Commissioner to charge Deposit Account No. 05-0889 for fees associated with this transaction (in duplicate)	<input type="checkbox"/> Assignment Recordation Cover Sheet	<input type="checkbox"/> Petition for Revival of an Unintentionally Abandoned Application [37 CFR 1.137(b)] (in duplicate)
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Declaration/Power of Attorney	<input type="checkbox"/> Associate Power of Attorney Form PTOL-85B, Part B -Issue Fee Payment Transmittal," (in duplicate)
<input type="checkbox"/> After Final	<input type="checkbox"/> Copy of Notice to File Missing Parts of Nonprovisional Application	<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Affidavits/Decl.	<input type="checkbox"/> Revocation of Power of Attorney	<input type="checkbox"/> Terminal Disclaimer Status Inquiry
<input checked="" type="checkbox"/> Extension of Time Request for 2 Months	<input type="checkbox"/> Formal Drawings	<input checked="" type="checkbox"/> Fee Transmittal
<input checked="" type="checkbox"/> Request for Continued Examination Transmittal	<input type="checkbox"/> Letter to Official Draftsperson with three (3) sheets of redlined changes to drawings	<input checked="" type="checkbox"/> Certificate of First Class Mailing
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Copy of PTO 948, "Notice of Draftsperson's Patent Review"	<input type="checkbox"/> Certificate of Express Mail Mailing
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Certified Copy of Priority Document(s)	<input checked="" type="checkbox"/> Postcard
	<input type="checkbox"/> Additional Enclosures:	

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Date	1/20/2006	
Tel: (914) 798-8505	Carl A. Giordano, Esq. (Reg. No. 41,780) EMC Corporation Office of the General Counsel 44 S. Broadway, 7 th flr. White Plains, NY 10601	

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8]

I hereby certify that this correspondence and the above-referenced enclosures are being:

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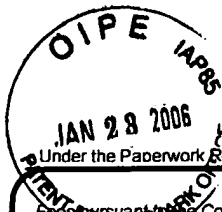
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Date: 1/20/2006

Signature:

Carl A. Giordano

Typed or printed name of person signing certificate



PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$) 1450.**Complete if Known**

Application Number	10/017,304
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First Named Inventor	Yao Wang
Examiner Name	England, David E.
Art Unit	2143
Attorney Docket No.	EMC-01-201

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 05-0889 Deposit Account Name: EMC Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	<u>1000.00</u>
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
_____ - 20 or HP = _____	x _____	= _____		<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 3 or HP = _____	x _____	= _____	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for 2 Month Extension of Time to file RCE 450.00**SUBMITTED BY**

Signature	<u>Carl A. Giordano</u>	Registration No. (Attorney/Agent) <u>41,780</u>	Telephone <u>9147988505</u>
Name (Print/Type)	<u>Carl A. Giordano</u>	Date <u>January 20, 2006</u>	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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